

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 1-15, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 4, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Tulare County Superintendent of School	Organizational Unit: Child Care Program
Address (give city, county, State, and zip code): Po Box 5091, Visalia CA 93278-5091	Name and telephone number of person to be contacted on matters involving this application (give area code): Ray Chavez (559) 651-3022

6. EMPLOYER IDENTIFICATION NUMBER (EIN)

9 4 — 2 1 9 1 9 0 5	RECEIVED MAR 15 2004 STATE CLEARING HOUSE
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7. TYPE OF APPLICANT: (enter appropriate letter in box) B

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) _____

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es)

A. Increase Award	B. Decrease Award	C. Increase Duration
D. Decrease Duration	Other(specify): _____	

9. NAME OF FEDERAL AGENCY:
 USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 — 7 6 6	TITLE: Community Facilities Loans and Grants
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11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Rural Development Child Care B

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Earlimart, Farmersville, Lindsay

13. PROPOSED PROJECT Start Date: 7/1/04 Ending Date: 6/30/05	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 21-nunes b. Project: 21-nunes
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15. ESTIMATED FUNDING:

a. Federal	\$	14,306	.00
b. Applicant	\$	11,705	.00
c. State	\$.00
d. Local	\$.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	26,011	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE _____
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Jim Vidak	b. Title County Superintendent of Schools	c. Telephone Number (559) 733-6301
d. Signature of Authorized Representative 		e. Date Signed 3-4-04

COPY

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED <u>March 12, 2004</u>	Applicant Identifier 050000000
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

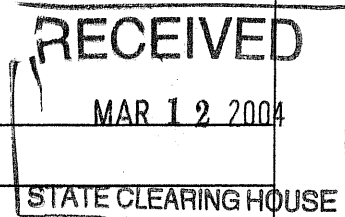
5. APPLICANT INFORMATION	
Legal Name: California Department of Corrections	Organizational Unit: Department: California Department of Corrections
Organizational DUNS: 832205678	Division: Legislative Liaison Office
Address: Street: 1515 S Street, Room 351-North Legislative Liaison Office	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Sacramento	Prefix: Mr.
County: Sacramento	First Name: William
State: California	Middle Name: Robert
Zip Code: 95814	Last Name: Crane
Country: United States of America	Suffix:
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6001347	Email: bcrane42@corrections.ca.gov <u>Bill.Crane@corv.ca.gov</u>
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	Phone Number (give area code) (916) 445-4143
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):	Fax Number (give area code) (916) 323-0902
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): N/A	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
13. PROPOSED PROJECT Start Date: N/A	9. NAME OF FEDERAL AGENCY: Department of Justice, Bureau of Justice Assistance
15. ESTIMATED FUNDING:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: State Criminal Alien Assistance Program (SCAAP) Federal Fiscal Year 2004
a. Federal \$ 75,000,000	14. CONGRESSIONAL DISTRICTS OF: a. Applicant Statewide
b. Applicant \$	b. Project Statewide
c. State \$	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <u>March 12, 2004</u>
d. Local \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
e. Other \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No
g. TOTAL \$ 75,000,000	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative Prefix: Mr.	
First Name: Michael	
Middle Name: B.	
Last Name: Neal	
Suffix:	
b. Title: Assistant Director - Legislative Liaison	
c. Telephone Number (give area code) (916) 445-4737	
d. Signature of Authorized Representative <u>[Signature]</u>	
e. Date Signed <u>March 12, 2004</u>	

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 4, 2004 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY		Applicant Identifier State Application Identifier Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: Tulare County Superintendent of School			Organizational Unit: Child Care Program	
Address (give city, county, State, and zip code): Po Box 5091, Visalia CA 93278-5091			Name and telephone number of person to be contacted on matters involving this application (give area code) Ray Chavez (559) 651-3022	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 2 1 9 1 9 0 5			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; float: right;">B</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: USDA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center;">1 0 — 7 6 6</div> TITLE: Community Facilities Loans and Grants			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rural Development Child Care A	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cutler, Traver				
13. PROPOSED PROJECT Start Date: 7/1/04 Ending Date: 6/30/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 21-nunes b. Project: 21-nunes		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 47,272 ⁰⁰ b. Applicant \$ 38,678 ⁰⁰ c. State \$ ⁰⁰ d. Local \$ ⁰⁰ e. Other \$ ⁰⁰ f. Program Income \$ ⁰⁰ g. TOTAL \$ 85,950 ⁰⁰		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Type Name of Authorized Representative Jim Vidak		b. Title County Superintendent of Schools		c. Telephone Number (559) 733-6301
d. Signature of Authorized Representative 		e. Date Signed 3-4-04		



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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 11, 2004	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name:		Organizational Unit:	
County of El Dorado		Department: General Services	
Organizational DUNS: 07-154-3201		Division: Airports	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 360 Fair Lane		Prefix: Mr.	First Name: Dave
City: Placerville		Middle Name	
County: El Dorado		Last Name Nicolls	
State: California		Suffix:	
Country: USA	Zip Code 95667	Email: dnicolls@co.el-dorado.ca.us	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-6000511

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)
Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

20-106

TITLE (Name of Program):
Airport Improvement Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Placerville, El Dorado County, California

13. PROPOSED PROJECT

Start Date: 2004
Ending Date: 2004

15. ESTIMATED FUNDING:

a. Federal	\$	805,030.00
b. Applicant	\$	42,370.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	847,400.00

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.	First Name George	Middle Name
Last Name Sanders		Suffix
b. Title Interim Director of General Services		c. Telephone Number (give area code) (530) 621-5846
d. Signature of Authorized Representative		e. Date Signed 2/25/04

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7. TYPE OF APPLICANT: (See back of form for Application Types)

B. County
Other (specify)

9. NAME OF FEDERAL AGENCY:

Federal Aviation Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Placerville Airport, El Dorado County, California
East End Service Road (30' x 3,600')

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 04
b. Project 04

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: February 16, 2004
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

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MAR 11 2004
STATE CLEARING HOUSE

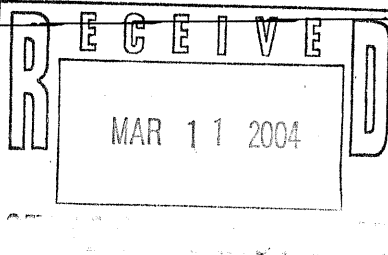
Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

MAR 11 2004

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 3/4/2004	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Post Mountain Public Utility District		Organizational Unit: Special District- Fire District	
Address (give city, county, State, and zip code): P.O. Box 1026 Hayfork, CA 96041		Name and telephone number of person to be contacted on matters involving this application (give area code) Fire Chief, Ingrid Landis (530) 628-4213	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-31141833		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Post Mountain's communities in Trinity		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Post Mountain VFD/ Fire Apparatus-Pumper 4X4	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: District 2	
Start Date 7/2004	Ending Date 6/2024	a. Applicant Post Mountain PUD	
15. ESTIMATED FUNDING:		b. Project Post Mountain VFD/Fire Apparatus-	
a. Federal	\$ 30,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$ 35,000.	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
c. State	\$	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local County	\$ 15,000.	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
e. Other USDA Loan	\$ 1000000.		
f. Program Income	\$		
g. TOTAL	\$ 180,000.		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Paul Davis		b. Title President, Board of Dir.	
c. Telephone Number 530-628-4435		e. Date Signed 3/5/04	
d. Signature of Authorized Representative Paul Davis			

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Org Name: LIFELONG MEDICAL CARE

UDS Number: 092880

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3/1/2004	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 6 H80CS00808-02-01	

5. APPLICANT INFORMATION Legal Name: LIFELONG MEDICAL CARE Address (give city, county, state, and zip code) P.O box 11247 BERKELEY, CA 94712 Alameda County		Organizational Unit: Name and telephone number of the person to be contacted on matters involving this application (give area code) Marty Lynch (510) 981-4100													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 1942502308A1	7. TYPE OF APPLICANT (enter appropriate letter in box) N <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist.. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Public Non-Profit</u> </div> </div>														
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> A. Increase Award D. Decrease Duration </div> <div style="width: 30%;"> B. Decrease Award Other (specify): </div> <div style="width: 30%;"> C. Increase Duration </div> </div>															
9. NAME OF FEDERAL AGENCY: HHS, BPHC															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Community Health Centers</td><td style="width: 50%;"></td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Community Health Centers													
Community Health Centers															
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Budget Period Renewal Application for Primary Care Services															
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Northern Alameda County															
13. PROPOSED PROJECT: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Start Date</th> <th style="width: 50%;">Ending Date</th> </tr> <tr> <td>07/01/2002</td> <td>06/30/2007</td> </tr> </table>	Start Date	Ending Date	07/01/2002	06/30/2007	14. CONGRESSIONAL DISTRICTS OF <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">a. Applicant</th> <th style="width: 50%;">b. Project</th> </tr> <tr> <td>9</td> <td>9</td> </tr> </table>	a. Applicant	b. Project	9	9						
Start Date	Ending Date														
07/01/2002	06/30/2007														
a. Applicant	b. Project														
9	9														
15. ESTIMATED FUNDING: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">a. Federal</th> <th style="width: 50%;">2,299,625.00</th> </tr> <tr> <td>b. Applicant</td> <td>0.00</td> </tr> <tr> <td>c. State</td> <td>189,099.00</td> </tr> <tr> <td>d. Local</td> <td>2,573,629.00</td> </tr> <tr> <td>e. Other</td> <td>731,966.00</td> </tr> <tr> <td>f. Program Income</td> <td>10,924,513.00</td> </tr> <tr> <td>g. TOTAL</td> <td>16,718,832.00</td> </tr> </table>		a. Federal	2,299,625.00	b. Applicant	0.00	c. State	189,099.00	d. Local	2,573,629.00	e. Other	731,966.00	f. Program Income	10,924,513.00	g. TOTAL	16,718,832.00
a. Federal	2,299,625.00														
b. Applicant	0.00														
c. State	189,099.00														
d. Local	2,573,629.00														
e. Other	731,966.00														
f. Program Income	10,924,513.00														
g. TOTAL	16,718,832.00														
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>03/01/2004</u> b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW															
17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No </div>															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a. Typed Name of Authorized Representative Marty Lynch</td> <td style="width: 30%;">b. Title Executive Director</td> <td style="width: 30%;">c. Telephone Number 510-981-4100</td> </tr> <tr> <td colspan="2">d. Signature of Authorized Representative Electronically Signed by: Martin A. Lynch</td> <td>e. Date Signed 3/1/2004</td> </tr> </table>		a. Typed Name of Authorized Representative Marty Lynch	b. Title Executive Director	c. Telephone Number 510-981-4100	d. Signature of Authorized Representative Electronically Signed by: Martin A. Lynch		e. Date Signed 3/1/2004								
a. Typed Name of Authorized Representative Marty Lynch	b. Title Executive Director	c. Telephone Number 510-981-4100													
d. Signature of Authorized Representative Electronically Signed by: Martin A. Lynch		e. Date Signed 3/1/2004													

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STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3/4/2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: Post Mountain Public Utility District		Organizational Unit: Special District- Fire District																																							
Address (give city, county, State, and zip code): P.O. Box 1026 Hayfork, CA 96041		Name and telephone number of person to be contacted on matters involving this application (give area code) Fire Chief, Ingrid Landis (530) 628-4213																																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-31141833		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px;">G</div>																																							
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Development																																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">10-766</div> TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Post Mountain VFD/ Fire Apparatus-Pumper 4x4																																							
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Post Mountain's communities in Trinity Cty.		<div style="border: 2px solid black; padding: 10px; transform: rotate(-2deg);"> RECEIVED MAR 10 2004 STATE CLEARINGHOUSE </div>																																							
13. PROPOSED PROJECT Start Date: 7/2004 Ending Date: 6/2024	14. CONGRESSIONAL DISTRICTS OF: District 2																																								
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>00</td> </tr> <tr> <td></td> <td></td> <td>30,000</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>00</td> </tr> <tr> <td></td> <td></td> <td>35,000.</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>00</td> </tr> <tr> <td>d. Local County</td> <td>\$</td> <td>00</td> </tr> <tr> <td></td> <td></td> <td>15,000.</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>00</td> </tr> <tr> <td>USDA Loan</td> <td></td> <td>1000000.</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>00</td> </tr> <tr> <td></td> <td></td> <td>180,000.</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>00</td> </tr> <tr> <td></td> <td></td> <td>180,000.</td> </tr> </table>		a. Federal	\$	00			30,000	b. Applicant	\$	00			35,000.	c. State	\$	00	d. Local County	\$	00			15,000.	e. Other	\$	00	USDA Loan		1000000.	f. Program Income	\$	00			180,000.	g. TOTAL	\$	00			180,000.	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	00																																							
		30,000																																							
b. Applicant	\$	00																																							
		35,000.																																							
c. State	\$	00																																							
d. Local County	\$	00																																							
		15,000.																																							
e. Other	\$	00																																							
USDA Loan		1000000.																																							
f. Program Income	\$	00																																							
		180,000.																																							
g. TOTAL	\$	00																																							
		180,000.																																							
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No																																									
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																									
a. Type Name of Authorized Representative Paul Davis	b. Title President, Board of Directors	c. Telephone Number 530-628-4435																																							
d. Signature of Authorized Representative <i>Paul Davis</i>		e. Date Signed 3/5/04																																							

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Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 	Applicant Identifier
3. DATE RECEIVED BY STATE 		State Application Identifier 	
4. DATE RECEIVED BY FEDERAL AGENCY 		Federal Identifier 	

5. APPLICANT INFORMATION
 Legal Name: Great Valley Center
 Address (give city, county, State, and zip code):
201 Needham Street
Modesto, CA 95354
 Organizational Unit: Great Valley Center
 Name and telephone number of person to be contacted on matters involving this application (give area code):
Carol Whiteside
(209) 522-5103

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

7

7

-

0

4

5

0

7

7

0

8. TYPE OF APPLICATION:

☒ New
 ☐ Continuation
 ☐ Revision

 If Revision, enter appropriate letter(s) in box(es)
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

7. TYPE OF APPLICANT: (enter appropriate letter in box) N

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) <u>Non-Profit</u>

9. NAME OF FEDERAL AGENCY:
Economic Development Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1

1

-

3

0

7

 TITLE: Economic Adjustment

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
San Joaquin-Stanislaus-Merced-Madera-Fresno-Kings-Tulare-Kern

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Develop a business plan for a Central Valley Agri-Food Research Institute at UC Merced

13. PROPOSED PROJECT
 Start Date 5/1/04 Ending Date 5/1/05

15. ESTIMATED FUNDING:

a. Federal	\$	75,000	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$	32,000	.00
f. Program Income	\$		.00
g. TOTAL	\$	107,000	.00

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant California 18
 b. Project California 11, 18, 19, 20, 21

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 03/03/04
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☒ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative
Carol Whiteside

d. Signature of Authorized Representative

b. Title
President

e. Date Signed
March 3, 2004

c. Telephone Number
(209) 522-5103

Org Name: LONG VALLEY HEALTH CENTE UDS Number: 091650

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3/1/2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 6 H80CS00524-02-01
5. APPLICANT INFORMATION			
Legal Name: LONG VALLEY HEALTH CENTER, INC.		Organizational Unit	
Address (give city, county, state, and zip code): 50 Branscomb Rd. P.O Box 870 LAYTONVILLE, CA 95454 Mendocino		Name and telephone number of the person to be contacted on matters involving this application (give area code) Daniel Kvaka 707 984-6137 ext 117	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 1942536128A1		7. TYPE OF APPLICANT (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Private Non-Profit	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: HHS, BPHC	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Community Health Centers		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Comprehensive Health Service for residents of Long Valley Health Center service site (HMSA, DHPSA, MUA, MUP)	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Northern Mendocino County, California			
13. PROPOSED PROJECT: Start Date: 07/01/2004 Ending Date: 06/30/2005		14. CONGRESSIONAL DISTRICTS OF a. Applicant First b. Project First	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS	
a. Federal	366,925.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 02/27/2004	
b. Applicant	0.00	b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
c. State	218,154.00	17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
d. Local	0.00		
e. Other	44,000.00		
f. Program Income	1,792,695.00		
g. TOTAL	2,421,774.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Dan Kvaka		b. Title Executive Director	
c. Telephone Number 707 984-6137 ext 117		e. Date Signed 3/1/2004	
d. Signature of Authorized Representative Electronically Signed by: Daniel Kvaka			

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier AIP3-06-0088 FCH FFY2004
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name: CITY OF FRESNO		Organizational Unit: Department: TRANSPORTATION	
Organizational DUNS: 17-678-5079		Division: AIRPORTS	
Address: Street: 4995 EAST CLINTON WAY		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: FRESNO		Prefix: MR	First Name: KEVIN
County: FRESNO		Middle Name	
State: CA		Last Name MEIKLE	
Zip Code 93727	Suffix:		
Country: USA	Email: Kevin.Meikle@fresno.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000338		Phone Number (give area code) (559) 621-4536	Fax Number (give area code) (559) 498-5549
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. MUNICIPAL Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP) 20-106		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): COUNTIES OF FRESNO, MADERA, TULARE, KINGS, MERCED, MARIPOSA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FRESNO CHANDLER DOWNTOWN AIRPORT REHABILITATE TERMINAL BUILDING RELOCATE SEGMENTED CIRCLE & LIGHTED WIND SOCK	
13. PROPOSED PROJECT Start Date: 10/2004 Ending Date: 9/2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18th b. Project 18th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 210,060.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: This Date	
b. Applicant	\$ 11,056.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 221,116.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix MR.	First Name SEVERO	Middle Name	
Last Name ESQUIVEL		Suffix	
b. Title INTERIM DIRECTOR OF TRANSPORTATION		c. Telephone Number (give area code) (559) 621-4500	
d. Signature of Authorized Representative		e. Date Signed 3-17-04	

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier AIP-3-06-0087 FYI FFY04 State Application Identifier Federal Identifier																												
5. APPLICANT INFORMATION																															
Legal Name: CITY OF FRESNO Organizational DUNS: 17-678-5079 Address: Street: 4995 EAST CLINTON WAY City: FRESNO County: FRESNO State: CA		Organizational Unit: Department: TRANSPORTATION Division: AIRPORTS Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: KEVIN Middle Name: Last Name: MEIKLE Suffix:																													
Country: UNITED STATES		Email: Kevin.Meikle@fresno.gov																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 94-6000338 </div>		Phone Number (give area code) (559) 621-4536																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. MUNICIPAL Other (specify)																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): COUNTIES OF FRESNO, MADERA, TULARE, KINGS, MERCED, MARIPOSA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: TERMINAL/CONCOURSE EXPANSION, DESIGN/CONSTRUCTION OF VARIOUS TAXIWAYS, PURCHASE ARFF VEHICLE, REHABILITATION OF RUNWAY 11L-29R, INSTALL AND UPGRADE AIRFIELD SIGNAGE																													
13. PROPOSED PROJECT Start Date: 04/04 Ending Date: 04/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18th b. Project 18th																													
15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">5,196,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">273,474</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">5,469,474</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	5,196,000	.00	b. Applicant	\$	273,474	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	5,469,474	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: TBD b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	5,196,000	.00																												
b. Applicant	\$	273,474	.00																												
c. State	\$.00																												
d. Local	\$.00																												
e. Other	\$.00																												
f. Program Income	\$.00																												
g. TOTAL	\$	5,469,474	.00																												
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																															
a. Authorized Representative																															
Prefix: MR. First Name: SEVERO		Middle Name:																													
Last Name: ESQUIVEL		Suffix:																													
b. Title: INTERIM DIRECTOR OF TRANSPORTATION		c. Telephone Number (give area code): (559) 621-4600																													
d. Signature of Authorized Representative		e. Date Signed: 2-17-04																													

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY		Applicant Identifier AIP3-06-0087FYI FFY2004 State Application Identifier See Attached Sheet Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: CITY OF FRESNO			Organizational Unit: Department: TRANSPORTATION		
Organizational DUNS: 17-678-5079			Division: AIRPORTS		
Address: Street: 4995 EAST CLINTON WAY			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: FRESNO			Prefix: MR.		First Name: KEVIN
County: FRESNO			Middle Name		
State: CA			Last Name MEIKLE		
Country: UNITED STATES			Suffix:		
Zip Code: 93727			Email: Kevin.Meikle@fresno.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000338			Phone Number (give area code) 559-621-4536		Fax Number (give area code) 559-498-5549
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) C. MUNICIPAL Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP) 21-106			9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno Yosemite International Airport FAR P art 150 Noise Compatibility Program Acoustically Treat Residences in the 65-75 CNEL Contours of the NEM.		
13. PROPOSED PROJECT Start Date: 10/2004 Ending Date: 09/2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18th b. Project 18th		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	2,000,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$	105,263.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
f. Program Income	\$	.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$	2,105,263.00	a. Authorized Representative		
Prefix MR.			First Name SEVERO		Middle Name
Last Name ESQUIVEL			Title INTERIM DIRECTOR OF TRANSPORTATION		Suffix
Signature of Authorized Representative			c. Telephone Number (give area code) 559-621-4600		e. Date Signed 3-17-04

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED FEBRUARY 26, 2004		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION			
Legal Name: TRUCKEE TAHOE AIRPORT DISTRICT		Organizational Unit: Department:	
Organizational DUNS: 00-649-2235		Division: TRUCKEE TAHOE AIRPORT	
Address:			
Street: 10356 TRUCKEE AIRPORT ROAD		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: DAVID	
City: TRUCKEE		Middle Name VERNON	
County: NEVADA		Last Name GOTSCHALL	
State: CALIFORNIA	Zip Code 96164	Suffix:	
Country: USA		Email: manager@truckeeairport.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1563328			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) G. SPECIAL DISTRICT	
Other (specify)		Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): TRUCKEE, NEVADA COUNTY, PLACER COUNTY, CALIFORNIA			
13. PROPOSED PROJECT Start Date: MAY 2004 Ending Date: OCTOBER 2004			
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF:	
a. Federal	\$	477,000	a. Applicant 14th
b. Applicant	\$	25,105	b. Project 14th
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$	502,105	
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: FEBRUARY 26, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix MR. First Name DAVID		Middle Name VERNON	
Last Name GOTSCHALL		Suffix	
b. Title GENERAL MANAGER		c. Telephone Number (give area code) 530-587-4540	
d. Signature of Authorized Representative		e. Date Signed FEBRUARY, 25, 2004	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED MARCH 2, 2004	Applicant Identifier
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: VENTURA COUNTY WATERWORKS DISTRICT NO. 16 Organizational DUNS: 066691122	Organizational Unit: Department: PUBLIC WORKS AGENCY Division: WATER AND SANITATION SERVICES DIVISION																												
Address: Street: P.O. BOX 250 City: MOORPARK County: VENTURA State: CALIFORNIA Country: U.S.A.	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: RAJA Middle Name: REDDY Last Name: PAKALA Suffix: Email: reddy.pakala@mail.co.ventura.ca.us																												
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 95-6000944																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE (Name of Program): WATER AND WASTE DISPOSAL LOAN AND GRANT PROGRAM																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): VENTURA COUNTY, CALIFORNIA																													
13. PROPOSED PROJECT Start Date: JULY 2005 Ending Date: JULY 2006																													
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">.00</td> <td style="width:10%;"></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">4,008,160</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">1,362,720</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">.00</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$.00		b. Applicant	\$	4,008,160	.00	c. State	\$	1,362,720	.00	d. Local	\$.00	.00	e. Other	\$.00	.00	f. Program Income	\$.00	.00	g. TOTAL	\$.00	.00
a. Federal	\$.00																											
b. Applicant	\$	4,008,160	.00																										
c. State	\$	1,362,720	.00																										
d. Local	\$.00	.00																										
e. Other	\$.00	.00																										
f. Program Income	\$.00	.00																										
g. TOTAL	\$.00	.00																										
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 24TH DISTRICT b. Project 24TH DISTRICT																													
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																													
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																													
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																													
a. Authorized Representative Prefix First Name RAJA Middle Name REDDY Last Name PAKALA Suffix b. Title MANAGER c. Telephone Number (give area code) (805) 584-4830 d. Signature of Authorized Representative e. Date Signed 3/2/04																													

APPLICATION FOR FEDERAL ASSISTANCE

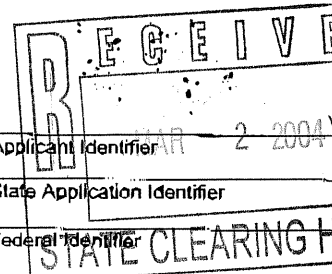
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 13, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: City of Hanford	Organizational Unit: City Manager Office
Address (give city, county, State, and zip code): 319 N. Douty Street Hanford, California 93230 Kings County	Name and telephone number of person to be contacted on matters involving this application (give area code) Barbara McCurdy Marty (559) 585-2582
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 6 0 0 0 3 4 5 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 10px;">C</div> <div style="clear: both;"></div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 50%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> A. Increase Award B. Decrease Award C. Increase Duration </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> D. Decrease Duration Other(specify): _____ </div>	9. NAME OF FEDERAL AGENCY: U.S. Department of Commerce Economic Development Administration
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;"> 11 - 300 </div> TITLE: Public Works Grant	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Design and Engineering of the Construction of the Vocational Training Center and Access Road Infrastructure <div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; right: 0; border: 2px solid black; padding: 5px; transform: rotate(-5deg); font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="position: absolute; bottom: 0; left: 0; border: 2px solid black; padding: 5px; transform: rotate(5deg); font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-weight: bold;">MAR 4 2004</div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-weight: bold;">JAN 13 2004</div> </div>
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Hanford, Kings County	
13. PROPOSED PROJECT Start Date: 6/04 Ending Date: 10/04	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 20
15. ESTIMATED FUNDING:	
a. Federal	\$ 315,000.00
b. Applicant	\$ 79,000.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 394,000.00
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE November 30, 2001 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative Jan E. Reynolds	b. Title City Manager
c. Telephone Number (559) 585-2516	
d. Signature of Authorized Representative 	
e. Date Signed	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION		2. DATE SUBMITTED	Applicant Identifier
Application		3. DATE RECEIVED BY STATE	State Application Identifier
Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
X Non-Construction			

5. APPLICATION INFORMATION	
Legal Name SIERRA ECONOMIC DEVELOPMENT DISTRICT	Organization Unit:
Address (give city, county, state, and zip code): 560 WALL STREET STE F PLACER COUNTY AUBURN CA 95603	Name and telephone number of the person to be contacted on matters involving this application (give area code) ELIZABETH RILEY, (530) 823-4703
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-1705043	7. TYPE OF APPLICANT (enter appropriate letter in box) [N] A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) EDD
8. TYPE OF APPLICATION [] New [X] Continuation [] Revision If Revision, enter appropriate letter(s) in box(s) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)	9. NAME OF FEDERAL AGENCY ECONOMIC DEVELOPMENT ADMINISTRATION
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 11-302 TITLE:	11. DESCRIPTIVE TITLE OF APPLICATION PROJECT: ECONOMIC DEVELOPMENT PLANNING PROGRAM
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) EL DORADO, NEVADA, PLACER & SIERRA COUNTIES	<div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg);"> RECEIVED MAR 4 2004 STATE CLEARING HOUSE </div>
13. PROPOSED PROJECT: Start Date 4/1/2004 Ending Date 3/31/2005	
14. CONGRESSIONAL DISTRICTS OF: a. Applicant JOHN DOOLITTLE 4 b. Project JOHN DOOLITTLE 4	
15. ESTIMATED FUNDING: a. Federal \$ 76,000 b. Applicant c. State d. Local \$ 25,333 e. Other f. Program Income g. TOTAL \$ 101,333	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 3/4/2004 b. NO: [] PROGRAM IS NOT COVERED BY E.O. 12372 [] OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? [] Yes If "Yes" attach and explanation [X] No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED	
a. Typed Name of Authorized Representative ELIZABETH RILEY	b. Title PRESIDENT
d. Signature of Authorized Representative <i>Elizabeth Riley</i>	c. Telephone number (530) 823-4703 e. Date Signed 3-4-04



APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 2 March 2004		Applicant Identifier 2 2004	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: The Living Desert Reserve, Inc.			Organizational Unit:		
Organizational DUNS: 03-991-3751			Department:		
Address: Street: 47-900 Portola Avenue			Division:		
City: Palm Desert			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: (Daniel)		
County: Riverside			Middle Name: Peter		
State: CA			Last Name: Siminski		
Zip Code: 92260			Suffix:		
Country: U.S.A.			Email: psiminski@livingdesert.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 95-3395354			Phone Number (give area code): 760.346.5694		
			Fax Number (give area code): 760.568.9688		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) <input checked="" type="radio"/> Not for Profit Organization		
Other (specify):			Other (specify):		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-317			9. NAME OF FEDERAL AGENCY: U.S. Fish and Wildlife Service, Region 2		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Various states			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mexican Wolf Species Survival Plan		
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 2 March '04		Ending Date: 2 March '09		a. Applicant: California #45	
				b. Project: Various	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	5,000	.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$		.00	DATE: 2 March '04	
c. State	\$		.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$		.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$		.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$		.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$	5,000	.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: Ms.		First Name: Karen		Middle Name: Ann	
Last Name: Sausman				Suffix:	
b. Title: President				c. Telephone Number (give area code): 760-346-5694	
d. Signature of Authorized Representative: [Signature]				e. Date Signed:	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 2, 2004	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: City of Hanford, California Address (give city, county, State, and zip code): 319 North Douty Street Hanford, CA 93230		Organizational Unit: Hanford Municipal Airport (HJO) Name and telephone number of person to be contacted on matters involving this application (give area code): Thomas J. Haglund (559) 585-2521
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6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 9 4 — 6 0 0 0 3 4 5 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 5px; display: inline-block; float: right;">C</div> <div style="clear: both;"></div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	9. NAME OF FEDERAL AGENCY: Federal Aviation Administration
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 2 0 — 1 0 6 </div> TITLE: Airport Improvement Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Underground Power Poles at R/W 32; Install Surveillance System; Purchase 1 acre of land adjacent to taxiway to increase separation from R/W to 240'.
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Hanford, Kings County, California		13. PROPOSED PROJECT Start Date: 3/1/04 Ending Date: 7/31/05																													
14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 20 b. Project: 20		15. ESTIMATED FUNDING: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%; text-align: right;">1,991,471</td> <td style="width: 10%; text-align: right;">00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">104,814</td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">2,096,285</td> <td>00</td> </tr> </table>		a. Federal	\$	1,991,471	00	b. Applicant	\$		00	c. State	\$		00	d. Local	\$	104,814	00	e. Other	\$		00	f. Program Income	\$		00	g. TOTAL	\$	2,096,285	00
a. Federal	\$	1,991,471	00																												
b. Applicant	\$		00																												
c. State	\$		00																												
d. Local	\$	104,814	00																												
e. Other	\$		00																												
f. Program Income	\$		00																												
g. TOTAL	\$	2,096,285	00																												

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 03/02/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
---	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Jan E. Reynolds	b. Title City Manager	c. Telephone Number (559) 585-2516
d. Signature of Authorized Representative		e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 15, 2004	Applicant Identifier	
		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
Mercy Housing California		Department: Self-Help Housing		
Organizational DUNS: 88-352-3748		Division:		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 3120 Freeboard Drive, Suite 202		Prefix:	First Name: Greg	
City: West Sacramento		Middle Name John		
County: Yolo		Last Name Sparks		
State: CA	Zip Code 95691	Suffix:		
Country:		Email: gsparks@mercyhousing.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 94-3081666 </div>		Phone Number (give area code) (916) 414-4439	Fax Number (give area code) (916) 414-4490	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> O - Not for profit organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10-420 </div>		9. NAME OF FEDERAL AGENCY: USDA - Rural Housing Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Yolo, Sutter, Yuba, Placer, Sacramento, San Joaquin, Amador, Contra Costa, Solano, El Dorado, Colusa		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mercy Housing California propose to complete 92 houses while producing 132 equivalent units using the mutual self help housing construction method.		
13. PROPOSED PROJECT Start Date: 6/1/04 Ending Date: 5/31/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1st b. Project 1st		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 2,790,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$.00	DATE:		
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 2,790,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name Greg	Middle Name John		
Last Name Sparks	Suffix			
b. Title Regional Director	c. Telephone Number (give area code) 916-414-4439			
d. Signature of Authorized Representative	e. Date Signed			

APPLICATION FOR FEDERAL ASSISTANCE

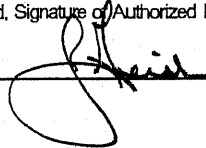
Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 25, 2004		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 3-06-0226	
5. APPLICANT INFORMATION					
Legal Name: City of San Jose			Organizational Unit: Department: Norman Y. Mineta San Jose International Airport		
Organizational DUNS: 063541874			Division:		
Address: Street: 1732 N. First Street, Suite 600			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: San Jose			Prefix: Ms.		
County: Santa Clara			First Name: Lillian		
State: CA			Middle Name: S.		
Zip Code: 95112			Last Name: Ramirez		
Country: Santa Clara			Suffix:		
			Email: lramirez@sjc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000419			Phone Number (give area code) 408.501.7663		Fax Number (give area code) 408.573.1677
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) C - Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106			9. NAME OF FEDERAL AGENCY: DOT - Federal Aviation Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of San Jose			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Terminal C Apron Lighting: To provide for the design and installation of high mast lighting adjacent to Terminal C for ramp and apron illumination, and improvements on certain lighted airfield taxiway signs.		
13. PROPOSED PROJECT Start Date: September 2004 Ending Date: September 2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 15th b. Project 15th		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	500,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 25, 2004		
b. Applicant	\$	315,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	.00			
g. TOTAL	\$	815,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Peter		Middle Name	
Last Name Jensen		Suffix			
b. Title Assistant to the City Manager		c. Telephone Number (give area code) 408.277.3183			
d. Signature of Authorized Representative		e. Date Signed 2-25-04			

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 25, 2004	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: County of Humboldt		Organizational Unit: District Attorney	
Address (give city, county, state and zip code): County of Humboldt, District Attorney 825 Fifth Street Eureka, CA 95501-1153		Name and telephone number of the person to be contacted on matters involving the application (give area code) Bill Rodstrom (707) 268-2561 (707) 445-7411	
6. EMPLOYER IDENTIFICATION (EIN) 94 - 6000554		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> B A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private Industry K. Indian Tribe L. Individual M. Profit Organization N. Other (specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: Department of Justice MAR 1 2004 Office of Justice Programs	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16 - 590 Grants to Encourage Arrest Policies & Enforcement of...		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: STATE CLEARING HOUSE Protection Orders Discretionary Grants Program.	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): County of Humboldt		District Attorney's Domestic Violence Project Fiscal Year: July 1 - June 30	
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 3/1/05	Ending Date 2/28/07	a. Applicant Calif. First District	b. Project Calif. First District
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 558,099 .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE February 25, 2004	
b. Applicant	\$.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 558,099 .00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Name of Authorized Representative Jill Geist, Chairperson		b. Title Board of Supervisors	c. Telephone number 707) 476-2395
d. Signature of Authorized Representative 		e. Date Signed FEB 24 2004	

Application for Federal Assistance		2. DATE SUBMITTED 2-26-04	AI
1. TYPE OF SUBMISSION		3. DATE RECEIVED BY STATE	S
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	F
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
ADDRESS (give city, county, state, and zip code) 5447 Bayberry DR Norfolk Va, 235		Name and telephone number of the person on matters involving this application (give) Wayne Carter (757) 466-9044	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAR 1 2004 </div>		7. Type of Applicant: (enter appropriate letter) <input checked="" type="checkbox"/> A. State <input checked="" type="checkbox"/> B. County <input checked="" type="checkbox"/> C. Municipal <input checked="" type="checkbox"/> D. Township <input checked="" type="checkbox"/> E. Interstate <input checked="" type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District	
6. Employer Identification Number <div style="border: 1px solid black; padding: 5px; text-align: center;"> STATE CLEARING HOUSE </div>		H I J K L M N	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> 22-7192172 </div>		8. Type of Application: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): HANDICAPPED PERSON, (e.g. deaf, Blind, Cripple)	
9. Name of Federal Agency		10. Catalog of Federal Domestic Assistance <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> Title:	
11. Descriptive Title of Applicant's Project HANDICAPPED PERSON, (e.g. deaf, Blind, Cripple)		12. Areas Affected by Project (cities, coun	
13. Proposed Project:		14. Congressional Districts Of:	
Start Date	Ending Date	a. Applicant	b. Project
15. Estimated Funding:		16. Is application subject to review by Sta	
a. Federal	\$ 25,000	a. YES This preapplication was made av State Executive Order 12372 pr DATE _____	
b. Applicant	\$ 4,512	b. NO <input type="checkbox"/> Program not covered by E.O. 12 <input type="checkbox"/> or Program has been selected by	
c. State	\$ 25,000	17. IS APPLICANT DELINQUENT ON ANY	
d. Local	\$ 25,000	<input type="checkbox"/> Yes (If Yes, attach an explanatio	
e. Other	\$ 25,000		
f. Program Income	\$		
g. Total	\$ 104,512		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA ON THIS APPLICATION/PREAPPLICATION ARE TRUE & HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COME			
Wayne Carter			

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 7 H80C802 4 H80C80	
5. APPLICANT INFORMATION					
Legal Name: SAN DIEGO FAMILY CARE		Organizational Unit:			
Address (give city, county, state, and zip code): 6873 LINDA VISTA ROAD SAN DIEGO CA 92111		Name and telephone number of the person to be contacted on matters involving this: ROBERTA L. FEINBERG, M Chief Executive Officer 858-279-9676			
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 1330306477A1		7. TYPE OF APPLICANT: (enter appropriate letter in box) [N] A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual Other: Private Non-Profit (Specify)			
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: HHS, BPHC			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBERS Community Health Centers Community Health Centers		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Community Health Centers - New Access Points			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of San Diego, San Diego County					
13. PROPOSED PROJECT: Start Date: 07/01/2004 Ending Date: 06/30/2006		14. CONGRESSIONAL DISTRICTS: a. Applicant: 53 b. Project: 53, 50			
15. ESTIMATED FUNDS: a. Federal: \$850,000.00 b. Applicant: \$0.00 c. State: \$164,539.00 d. Local: \$590,205.00 e. Other: \$410,660.00 f. Program Income: \$5,982,152.00 g. TOTAL: \$7,777,558.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
		17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If Yes, attach explanation			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT; THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
c. Typed Name of Authorized Representative Roberta L. Feinberg, M.S.		d. Title Chief Executive Officer		e. Telephone Number 858-279-9676	
f. Signature of Authorized Representative				g. Date Signed	